



Tennessee Department of Environment and Conservation,  
Division of Water Pollution Control  
401 Church Street, 6<sup>th</sup> Floor L & C Annex, Nashville, TN 37243  
(615) 532-0625  
**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)  
STATE OPERATING PERMIT (SOP)  
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☒ SOPC00000 (no discharge) ☐ Unknown, please advise  
Application type: ☐ New Permit ☐ Permit Reissuance ☒ Permit Modification  
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: SOPC000104

**OPERATION IDENTIFICATION**

Operation Name: <u>DONNA CRITCHFIELD 1/4 CRITCHFIELD FARMS</u>		County: <u>WEAVER</u>
Operation Location/ Physical Address: <u>852 BILL NANNY ROAD DUKEDON, TN 38226</u>		Latitude:
		Longitude:
Name and distance to nearest receiving water(s):		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals:	Number of Barns: <u>6</u>	Name of Integrator: <u>TYSON</u>
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

**PERMITTEE IDENTIFICATION**

Official Contact (applicant): <u>AMANDA VINCENT</u>		Title or Position: <u>PROPOSED OWNER</u>		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Mailing Address: <u>631 MT. PELTA ROAD</u>		City: <u>MARTIN</u>	State: Zip: <u>TN 38237</u>	
Phone number(s): <u>270-705-0139</u>		E-mail: <u>amanda_vincent@rocketmail.com</u>		
Optional Contact:		Title or Position:		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Address:		City:	State: Zip:	
Phone number(s):		E-mail:		

**APPLICATION CERTIFICATION AND SIGNATURE** (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title, print or type <u>AMANDA VINCENT - PROPOSED OWNER</u>	Signature <u>[Signature]</u>	Date <u>1-31-12</u>
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**STATE USE ONLY**

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date